

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREM. Mazin

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITCASE NUMBER: 07-81-SLRI, Mikhail Mazin declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration \_\_\_\_\_

**Inmate Identification Number (Required):** \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution of your incarceration showing at least the past six months transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. *(see next two pages)*

FILED  
CLERK, U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2007 NOV -9 PM 3:09

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts?

☒ Yes ☐ No

If "Yes" state the total amount \$ 730

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

11/08/07

DATE

Mikhail Mazin

SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

My total income for last 12 month have varied from \$653.78 to \$679.78 (see copies of the checks for this year below and for last year next page. Next year my Social Security will grow on 2%, the pension will be in the same size up to the end of my live.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.

**BANK OF AMERICA PENSION MBNA**

Fidelity Investments Institutional Operations Co.

Check Number 00403787528 Account Number DB725680-026 Date of Check Mar 01, 2007

Pay to the Order of: MIKHAIL MAZIN 8314 SOCIETY DR CLAYMONT, DE 19703-1704

Deutsche Bank Trust Company Delaware

*Michael Mazin*

Authorized Signature

62-38 311

\$\*\*\*\*\*124 78

⑈0403787528⑈ ⑆031100380⑆

00537676⑈

**United States Treasury** 15-51 000 P 085,629,316

03 02 07 85 PHILADELPHIA, PA 2053 46233725 28045300 S1 2 P

Pay to the order of MIKHAIL MAZIN 25 SOC SEC FOR FEB

8314 SOCIETY DR CLAYMONT DE 19703-1704

Check No. 2053 46233725

\$\*\*\*\*\*555\*00

VOID AFTER ONE YEAR


REGIONAL DISBURSING OFFICER

*Michael Blamire*

198

⑈20537⑈ ⑆000000518⑆ 46233725⑈ 070307

**United States Treasury** <sup>15-51</sup>000 P 004,380,722

Check No. 


02 03 06 71 PHILADELPHIA, PA 2051 94689175

2051 94689175 28045300 S1 2 P

Pay to the order of MIKHAIL MAZIN 75 SOC SEC FOR JAN \$\*\*\*\*\*529\*00

8314 SOCIETY DR  
CLAYMONT DE 19703-1704

REGIONAL DISBURSING OFFICER VOID AFTER ONE YEAR



⑈ 20515⑈ ⑆000000518⑆ 946891759⑈ 070206

Required Signature

( )  
Phone #

Date

0816/MB5  
000018083

0120060015952790MMC077458



MBNA CORPORATION PENSION PLAN

The Northern Trust Company  
Chicago, IL through Oakbrook Terrace, IL

70-2382  
719


Check Number	Payable Date	Reference Number	ID Number	Client / Plan
0015952790	02-01-2006	000018083		0816/MB5

is Amount: \*\*\* ONE HUNDRED TWENTY FOUR DOLLARS AND 78/100 \*\*\*

ly to the Order of: MIKHAIL MAZIN

\$\*\*\*\*\*124.78

The Northern Trust Company  
Not individually but  
Solely in its Representative Capacity

  
Authorized Signature

⑈0015952790⑈ ⑆071923828⑆ 000033138⑈

Security features included. Details on back